2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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nt with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 09, 2004 8:00 am DOCUMENT # P9900062556 🛂 🜤 **Secretary of State** 1. Entity Name GEOMASTERS, INC. 03-09-2004 90025 007 ***150.00 Principal Place of Business Mailing Address 3301 DESOTO BLVD., SUITE D 3301 DESOTO BLVD., SUITE D PALM HARBOR FL 34683 PALM HARBOR FL 34683 44013044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3590934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODNITE, ANDREW J JR.ESQ. Street Address (P.O. Box Number is Not Acceptable) PARK, BUGG, RODNITE, OSSIAN AND ZDRAVKO PA 1150 CLEVELAND ST., SUITE 400 CLEARWATER FL 33755 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVICE President ☐ Delete TITLE ☐ Change ☐ Addition SHIMP, GEORGE A II NAME 810 WAI LANI RD STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP D Secretary TITLE ☐ Delete Change ☐ Addition SHIMP, HEIDI R NAME 810 WAI LANI RD STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-7IP CITY-ST-ZIP D Vice President TITLE ☐ Detete ☐ Change ☐ Addition TRULUCK, BERNARD R NAME NAME STREET ADDRESS 1327 DINNERBELL LANE STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP D President TITLE ☐ Delete TITLE ☐ Change ☐ Addition TRULUCK, DARLENE M NAME NAME 1327 DINNERBELL LANE STREET ADDRESS STREET, ADDRESS **DUNEDIN FL 34698** CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITL F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reseiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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